

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/543,094  
APPLICANT

FILED DATE

11/22/05

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4	31						54						
5	10						55						
6	40						56						
7	10						57						
8	41						58						
9	10						59						
10	41						60						
11	1						61						
12	40	1					62						
13	<del>1</del>						63						
14	1						64						
15							65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓				↓		↓		↓
TOTAL DEP.	11	←		←		←			←		←		←
TOTAL CLAIMS	13												

BEST AVAILABLE COPY